



**RESPONSE UNDER 37 C.F.R. 1.116
EXPEDITED PROCEDURE
EXAMINING GROUP 1646**

Attorney's Docket No. 9448-21

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re: Waldon et al.

Serial No.: 10/029,423

Filed: December 20, 2001

For: METHODS AND FORMULATIONS FOR THE TREATMENT OF FEMALE
SEXUAL DYSFUNCTION

Group Art Unit: 1646

Confirmation No.: 3708

Date: May 21, 2004

Mail Stop AF
Commissioner for Patents
PO Box 1450
Alexandria, VA 22313-1450

AMENDMENT

Sir:

Responsive to the Office Action dated March 23, 2004, it is respectfully requested that this application be considered in view of the following remarks. Applicants provide the present Amendment pursuant to 37 C.F.R. § 1.121.

05-24-04

AF/ 1646
JFW

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Inventor: Waldon et al.

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Sir:

Transmitted herewith is an AMENDMENT in the above-identified patent application.

☒ Applicant claims small entity status. See 37 CFR §1.27.☒ No additional fee is required.☐ The fee has been calculated as shown below:

| (COL. 1) | | (COL. 2) | (COL. 3) | SMALL ENTITY | | OTHER THAN A SMALL ENTITY | |
|---|---|---|------------------|----------------------|---------------|------------------------------|---------------|
| | Claims Remaining After Amendment | Highest Number Previously Paid For | Present Extra | RATE | ADDIT. FEE | OR RATE | ADDIT. FEE |
| Total | 24- | 51 | =0 | x 09= | \$ | x 18= | \$ 0 |
| Indep | 4- | 5 | =0 | x 43= | \$ | x 86= | \$ 0 |
| <input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM | | | | +145= | \$ | +290= | \$ |
| | | | | Total Add. Fee \$ | | OR Total | \$ 0.00 |

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

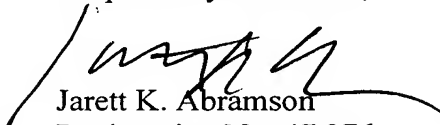
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior Amendment or the number of claims originally filed.

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Application No.: 10/029,423
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Page 2

- ☐ Please charge my Deposit Account No. _____ in the amount of \$_____ for _____.
- ☐ A check in the amount \$ _____ to cover an additional dependent claim fee is enclosed.
- ☒ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-0220.
- ☒ Any additional filing fees required under 37 C.F.R. § 1.16 for the presentation of extra claims.
- ☒ Any patent application processing fees under 37 C.F.R. § 1.17.

Respectfully submitted,



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Katie A. Chung